

UTILITY PATENT APPLICATION TRANSMITTAL <i>Only for new nonprovisional applications under 37 C.F.R. § 1.53(b)</i>	Attorney Docket No.	A-8121
	First Inventor or Application No.	STALKER
	Title	STATE-BASED MEMORY UNLOADING
	Express Mail Label No.	EL871766137US

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) <i>(Submit an original and duplicate for fee processing)</i> 2. <input checked="" type="checkbox"/> Specification [Total Pages <u>36</u>] 3. <input checked="" type="checkbox"/> Drawings (35 U.S.C. § 113) [Total Sheets <u>15</u>] 4. Oath or Declaration [Total Pages <u>3</u>] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) <i>(for continuation/divisional with Box 16 completed)</i> i. <input type="checkbox"/> DELETION OF INVENTORS Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b) 5. <input type="checkbox"/> Microfiche Computer Program (<i>Appendix</i>) 6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(e.g. PTO/SB/17)</i> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 16834 U.S. PTO 10/712655 111303																
ACCOMPANYING APPLICATION PARTS 7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i> 9. <input type="checkbox"/> English Translation Document (if applicable) 10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 13. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application, Statement(s) Status still proper and desired 14. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 15. <input type="checkbox"/> Other:																	
16. <input type="checkbox"/> If a CONTINUING APPLICATION , check appropriate box, and supply the information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: Prior application information: Examiner: Group Art Unit:																	
17. CORRESPONDENCE ADDRESS <input checked="" type="checkbox"/> Customer Number or Bar Code 05642 or <input type="checkbox"/> Correspondence address below <table border="1"> <tr> <td>Name</td> <td colspan="3"></td> </tr> <tr> <td>Address</td> <td colspan="3"></td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> <td></td> </tr> <tr> <td>Country</td> <td>Telephone</td> <td>Fax</td> <td></td> </tr> </table>		Name				Address				City	State	Zip Code		Country	Telephone	Fax	
Name																	
Address																	
City	State	Zip Code															
Country	Telephone	Fax															

Name (Print/type)	WM. BROOK LAFFERTY	Registration No. (Attorney/Agent)	39,259
Signature	<i>William B. Lafferty</i>	Date	NOVEMBER 13, 2003

Docket No.: A-8121

UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: STALKER
DOCKET NO.: A-8121
TITLE: STATE-BASED MEMORY UNLOADING

NOVEMBER 13, 2003

FEE TRANSMITTAL FORM

Mail Stop PATENT APPLICATION
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

The Commissioner is hereby authorized to charge the indicated fees and any additional fees and to credit any overpayments to Deposit Account No. 19-0761

The fee is calculated as shown below.


	No. of Claims Filed	No. of Claims Paid For	No. of Extra Claims	Rate	Fee
Independent Claims	4	3	1	\$ 86.00	\$86.00
Total Claims	28	20	8	\$ 18.00	\$144.00
Multiple Dependent Claims				\$290.00	\$000.00
Basic Filing Fee				\$770.00	\$770.00
Total Filing Fee					\$1,000.00

One duplicate original of this sheet is enclosed.

SEND CORRESPONDENCE TO:

Scientific-Atlanta, Inc.
Intellectual Property Dept. MS 4.3.510
5030 Sugarloaf Parkway
Lawrenceville GA 30044

By:


WM. BROOK LAFFERTY
Attorney of Record
Reg. No.: 39,259
Phone: (770) 236-2114
Fax No.: (770) 236-4806

Certificate of Mailing

EXPRESS MAIL NO.: EL871766137US

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as EXPRESS MAIL in an envelope addressed to:

MAIL STOP PATENT APPLICATION
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on NOVEMBER 13, 2003.


Maryellen Licker